

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

MAY -7 PH 2:14
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medical Associates of Idaho LLC

2. The complete street and mailing addresses of the initial designated office:

1208 11th St. So
(Street Address)Nampa ID 83651
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

DANNY MARTINEAU
(Name)10944 LaPINE RD
(Street Address) NAMPA ID 83686

4. The name and address of at least one member or manager of the limited liability company:

Name	Address	ID
<u>Danny MARTINEAU</u>	<u>10944 LaPine RD</u>	<u>Nampa 83686</u>
<u>Lisa Edinburgh</u>	<u>3707 N 27th E Twin Falls</u>	<u>ID 83301</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Mailing address for future correspondence (annual report notices):

1208 11th St. So Nampa ID 83651

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]Typed Name: Danny MartineauSignature [Signature]Typed Name: Lisa Edinburgh

Secretary of State use only

IDAHO SECRETARY OF STATE

05/07/2014 05:00

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